

**PSYCHOLOGICAL WELL-BEING AND HEALTH TRAINING CENTRE OF THE LITHUANIAN
UNIVERSITY OF HEALTH SCIENCES**

CLIENT'S CONSENT FOR HEALTHY LIFESTYLE EDUCATION

CUSTOMER/CUSTOMER REPRESENTATIVE

Name.....
Surname.....
Date of birth.....
Telephone
no.....
.....
E-mail.....

I am informed and understand that if my decision indicated in this consent form has changed, I have the right to express my will to my healthy lifestyle educator and confirm my new decision in writing in a new consent form.

- 1. By signing this document, I confirm that I have been familiarised with the terms of the consultation and the privacy notice and understood them.**

(signature of client (representative of client)) (name, signature of the employee) (date)

- 2. By signing this document, I, the client (representative of the client), agree to receive the services of a healthy lifestyle educator; I agree to provide the specialist with all the necessary information about my health condition, identified diseases, lifestyle and other information necessary for effective counselling.**

(signature of client (representative of client)) (name, signature of the employee) (date)

- 3. I, THE CLIENT (client's representative), agree that Lifestyle Medicine students can monitor the consultation for learning purposes.**

(signature of client (representative of client)) (name, signature of the employee) (date)